FORM D

SEC Mail Processing Section UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

Weehlagten, BO

SEP 122008

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number: 3235-0076 Expires: August 31, 2008 Estimated average burden hours per form......16.0

SEC US	E ONLY
Prefix	Serial
DATE RI	ECEIVED

Name of Offering (check if this is an ar	nendment and name has chan	ged, an	d indicate change.)				
Membership Interests							
Filing Under (Check box(es) that apply):	☐ Rule 504		☐ Rule 505	Rule 506	□ se	ection 4(6)	ULOE
Type of Filing:		×	New Filing] Ame	endmeent	
	A. BAS	SIC ID	ENTIFICATION DA	TA			
Enter the information requested about	the issuer			· · · · · · · · · · · · · · · · · · ·			
Name of Issuer (check if this is an ame	ndment and name has changed	l, and i	ndicate change.)				
755 Capital Partners II, LLC						///////////////////////////////////////	I I I I I I I I I I I I I I I I I I I
Address of Executive Offices	(Number and S	street. (City, State, Zip Code)	Telephone Number	r (Includ		
27836 Elena Road, Los Altos, CA 94022			(650	0) 465-6711			
Address of Principal Business Operations (Number and Street, City, Stat	e, Zip	Code)	Telephone Numbe	r (Incl	0a	050040
(if different from Executive Offices)			PROC	ESSED			
Brief Description of Business							
venture capital investments			SEP !	L 8 2008			
Type of Business Organization			U				
☐ corporation	☐ limited partnership, alread	dy forn	ned THOMSO	N REUTERS	Other (please specify);limited liability co.
☐ business trust	☐ limited partnership, to be	forme		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		_		ear			
Actual or Estimated Date of Incorporation	or Organization;	0	1 08	-	■ Actual	_	l Estimated
Jurisdiction of Incorporation or Organization	on: (Enter two-letter U.S.	Postal	Service abbreviation fo		- / iciuai	_	J LJUIIMICA
Ç	CN for Canada; FN fo					C)E

GENERAL INSTRUCTIONS

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Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: П Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Ü Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check ■ Manager ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Box(es) that Apply: Full Name (Last name first, if individual) Chiruvolu, Ravi Business or Residence Address (Number and Street, City, State, Zip Code) 27836 Elena Road, Los Altos, CA 94022 Check ☐ Executive Officer ☐ Director Manager ☐ Promoter ☐ Beneficial Owner Box(es) that Apply: Full Name (Last name first, if individual) Sherer, Paul Business or Residence Address (Number and Street, City, State, Zip Code) 175 Island Drive, Palo Alto, CA 94301 Check Boxes ☐ Executive Officer ☐ Director ☐ General and/or ☐ Promoter ■ Beneficial Owner that Apply: Managing Partner Full Name (Last name first, if individual) Octave West LLC Business or Residence Address (Number and Street, City, State, Zip Code) 2711 Centerville Road, #300 MMB 978, Wilmington, DE 19808 Check Boxes General and/or ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director that Apply: Managing Partner Full Name (Last name first, if individual) Lichtenger, David Business or Residence Address (Number and Street, City, State, Zip Code) 720 University Avenue, Palo Alto, CA 94301 Check Boxes ☐ Executive Officer ☐ Director ☐ General and/or ☐ Promoter **☒** Beneficial Owner that Apply: Managing Partner Full Name (Last name first, if individual) Prakash, Gautam A. Business or Residence Address (Number and Street, City, State, Zip Code) 4600 East West Highway, Suite 575, Bethesda, MD 20814 Check Boxes ☐ Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or that Apply: **Managing Partner** Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check General and/or ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director Box(es) that Managing Partner Apply: Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					В	INFORM	ATION AB	OUT OFFE	RING				
1.	Has the issue	er sol d , or do	oes the issue	r intend to s					under ULOE			Yes N	o <u>X</u>
2.	What is the	minimum inv	vestment tha	t will be acc	cepted fron	n any individ	ual?		***************************************	,	••••••	\$ <u>n</u>	<u>minimum</u>
3.	Does the off	ering permit	joint owner	ship of a sir	igle unit?							Yes <u>X</u> N	o
4.	of purchaser SEC and/or	rs in connect	ion with sale or states, lis	es of securit t the name	ties in the c of the brok	offering. If a er or dealer.	person to b	e listed is an	associated p	erson or agent	of a broker	or dealer reg	n for solicitation distered with the broker or dealer,
N/A													
Full	Name (Last t	name first, if	individual)										
Rue	iness or Resid	lence Addres	s (Number :	and Street (Tity State	Zin Code)							
Dus	iness of Resid	rence readies	is (i vainbei t	ma otrect, v	ony, otate,	zip code)	ī						
Nan	ne of Associat	ted Broker or	r Dealer										
	es in Which P						•						_
•				,									
[AL	•	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	· ·	IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	(MNI	[MS]	[MO]
[MT [RI]	•	NE SC	INVJ ISDI	[NH] [TN]	ILN] [XX]	IMMJ IUTI	(NY) [VT]	[NC] [VA]	[ND] [VA]	[OH]	[OK] [WI]	[OR] [WY]	[PA] [PR]
	Name (Last r	` `		11181	[17]	[01]	[7 1]	IVAI	IVAJ	[44.4]	[** 1]	144.11	[1 K]
	`	ŕ	ŕ										
Busi	iness or Resid	lence Addres	s (Number a	and Street, C	City, State,	Zip Code)							,
Nan	ne of Associat	ted Broker oi	r Dealer										
	es in Which P												
(Cho	eck "All State	s" or check i	individual St	ates)									All States
[AL		[AK]	[AZ]	[AR]	[CA]	(COI	[CT]	[DE]	[DC]	FL			[ID]
(IL)	-	INI	[IA]	[KS]	[KY]	[LA]	ME	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT		[NE]	[NV]	[NH]	INJI	NM	[NY]	INCI	INDI	ЮН	loki	JORJ	[PA]
[RI]		[SC]	SD	[TN]	[TX]	IUTI	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
	Name (Last r						<u>.</u>						
Busi	iness or Resid	lence Addres	s (Number a	and Street, C	City, State,	Zip Code)							
Nair	ne of Associat	ted Broker or	Dealer							—			
State	es in Which P	erson Listed	Has Solicite	ed or Intend	s to Solicit	Purchasers							
	eck "All State											***************************************	🗆 All States
[AL	1 1	[AK]	[AZ]	[AR]	[CA]	J COJ	ICT I	(DE)	[DC]	[FL]	[GA]	{HIJ	[ID]
[IL]		IN	ĮΙΑΙ	[KS]	ĮΚΥΙ	[LA]	[ME]	MDI	[MA]	[MI]	[MN]	[MS]	JMO)
[MT		[NE]	INVI	[NH]	INJI	[NM]	INYI	INCI	ĮNDĮ	ЮН	[OK]	[OR]	[PA]
[RI]	ı	SC	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	ĮWIJ	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." transaction is an exchange offering, check this box 🛘 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt 0 Equity Common Preferred Convertible Securities (including warrants)..... Partnership Interests..... 0 970,000 970,000 Other (Specify: Membership Interests 970,000 970,000 Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Dollar Amount Investors of Purchases 970,000 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold Type of Offering Rule 505..... Regulation A..... Rule 504..... Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs. \boxtimes 5,000 Legal Fees Accounting Fees

Engineering Fees....

Sales Commissions (specify finders' fees separately)

Other Expenses (Identify) blue sky filing fees

Total.....

×

400

5,400

		D USE OF PROCEEDS					
 Enter the difference between the aggregate offering price given in in response to Part C – Question 4.a. This difference is the "adjust" 	\$	964,600					
 Indicate below the amount of the adjusted gross proceeds to the issuer If the amount for any purpose is not known, furnish an estimate and payments listed must equal the adjusted gross proceeds to the issuer se 	d check the box to the left of the t forth in response to Part C - Ques	estimate. The total of the tion 4.b above. Payment to Officers, Directors, & Affiliates	•	yment To Others			
Salaries and fees		□ s	s				
Purchase of real estate		□ s	□ s				
Purchase, rental or leasing and installation of machinery and equipment		□ s	□ s				
Construction or leasing of plant buildings and facilities	□ s						
Acquisition of other businesses (including the value of securities involved in exchange for the assets or securities of another issuer pursuant to a merge Repayment of indebtedness	r)	□ s					
Working capital		<u> </u>					
Other (specify):							
Office (spectry).		□ s					
		□ s	□ \$				
Column Totals		□ s	× \$	964,600			
Total Payments Listed (column totals added)		× s	964,600				
D. FE	EDERAL SIGNATURE						
The issuer had duly caused this notice to be signed by the undersigned duly an undertaking by the issuer to furnish to the U.S. Securities and Exchange non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	y authorized person. If this notice Commission, upon written reques	is filed under Rule 505, the staff, the information	following sig furnished by	nature constitut the issuer to a			
Issuer (Print or Type)	Signature	1 - /	Date				
755 Capital Partners II, LLC	Than C	lula	9/7/	08			
Name of Signer (Print or Type)	Title of Signer (Print or Type)	0 1					
Ravi Chiruvolu	Manager Genes	ral Parti	4				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

